FOR STATE HEALTH DEP. please execute the certificate, writing the word "pending" in pencil in Item 18, Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. y delay is necessary, IY MEDICAL EXAMINER. This certificate should be executed within 24 hours after death.

TO DI

VS. A15ME 5M 7/59

#### MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 6609 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 06593

A	PLACE OF DEATH	USUAL RESIDENCE (Where dacessed livad, If institution: Residence before edmission)     b. COUNTY
1	b. CITY OR YOWN (if outside corporata limits, write RURAL and give a secret town)	Maryland Caroline  c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	Preston - Rurel 16 years d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give streat eddrass)	Preston - Rural  d. STREET ADDRESS  e. IS. RESIDENCE
	Harmony Road	Harmony Road YES X NO
	3. NAME OF First Middla DECEASED (Typa or print) Jack	Bell June 5 19 61
1	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B.	DATE OF BIRTH  9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
		amuary 2, 1912   49 <sub>yrs.</sub>
	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Day Laborer  Fame	11. BIRTHPLACE (State or foreign country)  Orlando, Florida  12. CITIZEN OF WHAT COUNTRY?  U.S.A.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	John Bell	Rosa (maiden name unknown)
	(Yas, no, or unkown) / (Ifyasgive werordetasofsarvica)	NFORMANT Address
	No 262-16-1961 Maj	mie Bell, reston, Maryland, R.F.D.
	PART I. DEATH WAS CAUSED BY:  (IMMEDIATE CAUSE (e))  DUE TO  Conditions, if eny, which gave rise to immediate cause (e), stating the underlying  DUE TO	ONSET AND DEATH
	20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (E	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMER?  YES NO No near neture of injury in Pert I or Part II of Item 18.)
		CE OF INJURY (Home, farm, 20f, (City or town) (County) (State)  ry, street, office bldg., etc.)
	21. I certify that I took charge of the remains described above, heldeath resulted from: Natural causes Accident . Suicident Accused Offensell	
	EXAMINER'S NAME (Type) Dawson O. George, M.D.	DEPUTY MEDICAL EXAMINER  Address (Street, city, town, or county)
	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR REMOVAL (Spacify)  Burial June 8, 1961 Church of God	Cemetery Near reston, Maryland (State)
	23. FUNERAL DIRECTOR and Son, Federalsburg, Maryl	and 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE DATEJUN 9 '61 Curbus & House

THE RESIDENCE OF STREET AND LABOUR DESCRIPTION OF STREET and the legitical to Legio - mornings A SAME AND A SAME Photograph of the state of the The second of th The second of the second secon THE RESIDENCE OF THE PARTY.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

OPPOR

	6.0	510		CERTIFICATE OF DEATH									094
1. PLACE OF DEATH o. COUNTY Caroline				MARY	LAND	2. USUAL RES		yland		institutiai YTNUC		ce before	
2	b. City or town (If	outside carporate limit arest lown) reensboro	s, write c. LE	72 Yr	Lie	COP VIE.		outside corpo eensb		write RU	RAL and g	jive neore:	st town)
	d. NAME OF HOSPITA OR INSTITUTION	AL (If na) in haspital, gi		s)		7 d. STREET		None					IS RESIDENCE ON A FARM? YES X NO
3	NAME OF DECEASED (Type or prin!)	lugust	1	Middle Pau		Kible	ost oge	4. DATE OF DEATH		Mant)		Doy 23	Year 19 6
1	Male Male	White	WIDOWED [	DIVORCE		DATE OF BIR	1988		9. AGE (Ir		Months Months	Days I	Hours Min.
1	Retired	N (Give kind of work ding life, even if retired) CAPMET	ane 10b. KIND	None	R INDUST		ryla:	_	ounity)			.S.	HAT COUNTRY
	3. FATHER'S NAME	Joseph				14. MOTHER		There	sa K				
1	S. WAS DECEASED EVER	R IN U. S. ARMED FORC If yes, give war or dates of se	ovice)	03-355		Elsie	E. K:	ibler	Gre	ens		, Mc	i.
	Conditions, if ar gove rise to it couse (o), stating lying couse last.  PART II. OTH	n mediote	DITIONS CONTR	IBUTING TO DEA	ATH BUT I	NOT RELATED 1	TO THE TERM	INAL DISEAS	E CONDITI	ON GIVE	EN IN PAR		PERFORMED?
1	200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE	HOW INJURY O	CCURRED	. (Enter noture	of injury in	Part I ar Par	1 II af item	1B.)		1	YES NO
1	20c. TIME OF INJURY Haur a.m.	Y Manth, Doy, Yea	While I	OCCURRED Not while	20e. PLA faci	CE OF INJURY ory, street, offi	(Home, farm ice bldg., etc	n, 20f. (City	y or town)		(0	County)	(Stot
		t (I) (this hospital) ed alive an II  Charles I		19.5], and	that de	eath accurrent ATTENDIN PHYS.	ed a A M		STAFF PHYS.		d an the		22b. DATE
2	BURIAL CREMATIO	6-26-6		Holy C	ETERY OR			<del></del>	r Gr	een	sbor		(Stote) Md.
2	FUNERAL DIRECTOR	SIGNATURE	Par	ADDRESS	. 2	11		D BY REGIS	- (				

TO HO ALOR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within may. Sprined by the haspital or attending physician.

TO FUNEXAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages is the burial-transit permit. Then please remove carbon pages is the burial-transit permit. Then please remove carbon pages is the burial-transit permit. Then please remove carbon pages is the burial-transit permit. VR A1S (4) 1SM 9/S9

AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

in by the funeral director, and 2 shauld be filed with

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## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

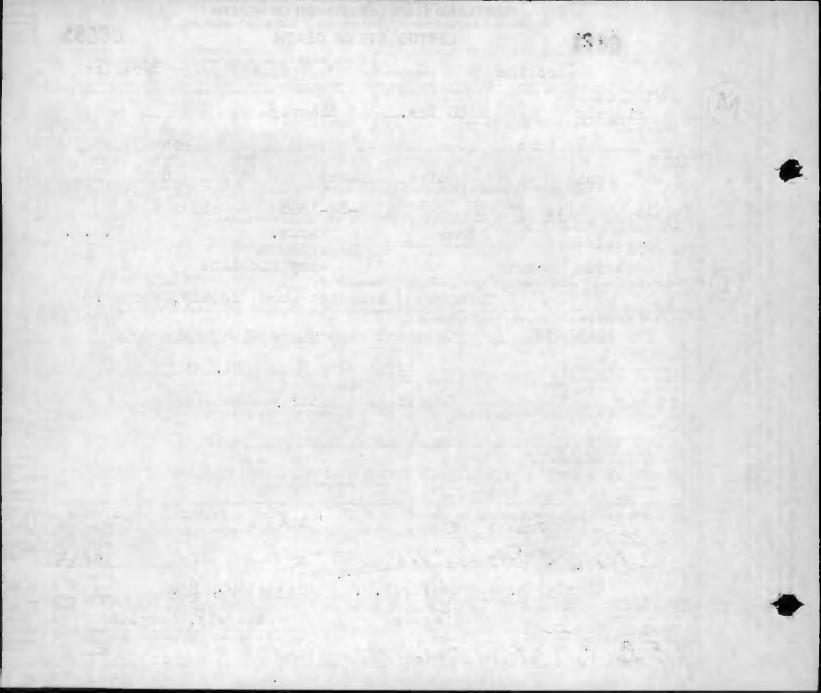
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8.0	h	Brig.	u	20
0	Ч 3.	4.7	A 7	n Z

6	6	1	1

1. PLACE OF DEATH o. COUNTY	Carol	ine	MARYLAN	1 1	STATE	aryl		lived. If institution b. COUNTY				ian)
b. CITY OR TOWN (If RURAL and give nea	rest town)	ts, write	c. LENGTH OF STAY IN 1	b	c. CITY OR TOWN		de corpore	ote limits, write R	URAL and	give ne	arest town	)
d. NAME OF HOSPITA OR INSTITUTION	L (If not in hospital, g		80 Yrs.		Ridge d. STREET ADDR			Non	_			IDENCE FARM?
3. NAME OF	Non		Middle	-11-6	last	14	DATE	Mon		De		reor
(Type or print)	nnie	zı	Louise		Lord		OF DEATH	6		]	,	19 6
S. SEX		7. MARI	RIED NEVER MARRIED	B. D/	ATE OF BIRTH		1	P. AGE (in years last birthday)	IF UNDE		1	
Fomelo	White	WIDOW	EBy DIVORCED	1 0	_18_188	80			Months	Doys	Hours	Min.
		done 10b.	KIND OF BUSINESS OR IN	IDUSTRÝ	11. BIRTHPLACE Peni	(State or i	fareign co	unitry)	12, CIT		A.	OUNTRY?
13. FATHER'S NAME	116		· · · · · · · · · · · · · · · · · · ·	14	MOTHER'S MAI	IDEN NAN	4E					
Bened		ver			Mar	y Ki	chli	ne				
15. WAS DECEASED EVER			SOCIAL SECURITY NO. 12	7. INFOR				Add	ress			
	Fyes, give war or dates of s	ervicel	JNKNOWN	Ben	edict 1	Lord	Ric	igely,	Mary	rlar	nd	
	TH [Enter only one con H WAS CAUSED BY: IMMEDIATE CAUSE (o		ne for (a), (b), and (c).]  Cerebra	al H	emorrh	ane '	with	hemin	legi	ON	ERVAL BE SET AND	TWEEN DEATH
414121	DUE TO				V 44 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4			<u></u>				
Canditions, if on	u sublah \		Cardio	vase	ular Re	Iene	Die	. with				
gave rise to im	mediate Dur To		hyperte			4450	- 100 000	0 11 de Car				
couse (o), stating II lying couse lost.	he under:		General				-7			}		
_	ER SIGNIFICANT CON	IDITIONS	CONTRIBUTING TO DEATH						VEN IN PA	RT 1(o)	PERFO	AUTOPSY RMED?
PART II. OTHI	UNDERLYING DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCU	IRRED. (E	nter noture of inju	ury in Port	t I or Part	II of item 18.)				
ZOc. TIME OF INJURY Hour o.m. p. m.	Manth, Day, Ye	ar 20d. I While at wa	Not while		OF INJURY (Home street, office bld		20f. (City	or town)		(County	1	(Stote)
21. I certify that	(I) (this haspita	l) attend	ded the deceased fra	m. Ma	b occurred of	045	A.to	June 1				we) last
220 SIGNATURE	n. l. XI 0	C/	neon Ler	M.D.	ATTENDING PHYS.		TOR 🗆	STAFF PHYS.		6		SIGNED
22c. PHYSICIAN'S NAME (Type)	Charles	н. 8	tone i cer.		22d ADDRESS			o, Md.				
23a. BURIAL, CREMATION REMOVAL (Specify)	23b. DATE THEREO	OF	23c. NAME OF CEMETER Ridgely	RY OR CR	EMATORY			ely, Ma	or county)		(Stat	le)
Burial 24 FUNERAL DIRECTOR'S	SIGNATURE	Prec	ADDRESS SESPORO	ned		o. REC'D E			ISTRAR'S S			

TO HO IAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within pours after death. Page 4 may setained by the haspitol or attending physician.

TO FUNENAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filled with the State Board at Health priar to burial, cremation, or removal, and in any event, within 72 hours after death. VR A15 (4) 15M 9/59



VR A15 (4) 15M 9/59 6612

Frampton Carroll

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

06596

0014	QEIXIII 107			
1. PLACE OF DEATH		2. USUAL RESIDENCE (Where	e deceased lived. If institution:	Residence before admission)
Caroline	MARYLAND	Marylan	id B. COON C	aroline
b. CITY OR TOWN (If outside corporate lim RURAL and give nearest town)  Preston. RD	ils, write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (if outs	side corporate limits, write RUR	AL and give nearest town)
d. NAME OF HOSPITAL (If not in hospitol, OR INSTITUTION "Chopt		d. STREET ADDRESS	nkt	e. IS RESIDENCE ON A FARM? YES NO III
3. NAME OF DECEASED (Type or print) Floy	d C.	Macklin	DEATH June 3	
5. SEX 6. COLOR OR RACE White	7- MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH Mar. 2, 1900	last birthdov)	Aonths Doys Hours Min.
100. USUAL OCCUPATION (Give kind of work during most of working life, even if retired Tarmer	done 10b. KIND OF BUSINESS OR INDU Agriculture	Delawa I		USA
3. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
George W. N. M	acklin	Flora	orkran	
15. WAS DECEASED EVER IN U. S. ARMED FO		NFORMANT	Addres	\$
[Yes, no, or unknown] (If yes, give wor or dates of NONO	221-10-0785 MI	rs.Mary R. Me	cklin Presto	on, RD, Maryla
		Deliter 7 Its Me	tonizinji robo.	INTERVAL BETWEEN
18. CAUSE OF DEATH [Enter only one of PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (		cardial i	Marction	ONSET AND DEATH
420.0 DUE TO	9		U	
Conditions if you which \	o arteriosch	erotic hear	it describes	Unknow
gove rise to immediate				
couse (o), storing the under-				
	(c) NDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINA	ALDISEASE CONDITION GIVEN	IN PART I(o) 19. WAS AUTOPSY
	ithritis wit	A arteriti	1	PERFORMED? YES NO I
Rheumateda  200. ACCIDENT WAS UNDERLYING   OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in Po	rt 1 or Port II of item 18.)	
20c. TIME OF INJURY Month, Doy, You Hour o. m. 19	ear 20d. INJURY OCCURRED While Not while of work at work	LACE OF INJURY (Home, form, octory, street, office bldg., etc.)	20f. (City or town)	(County) (State
21. I certify that (I) (this hospital saw the deceosed alive on 9				on the date stated above
220. SIGNATURE	Total Tide	deom occorred or 12	n, non me cooses one	22b. DATE
100	(Trever)		STAFF PHYS.	6-30-61 SIGNE
22c. PHYSICIAN'S NAME (Type) Robert W.	Trever, M.D.	Easton,	Maryland	
230. BURIAL, CREMATION, 23b. DATE THERE REMOVAL (Specify) 7/3/61	OF 23c, NAME OF CEMETERY	4	23d. LOCATION (City, town, or	
		er Cem.	Preston, Ma	
24, FUNERAL DIRECTOR'S SIGNATURE	ADDRESS FORTO			RAR'S SIGNATURE

+ Sono-Bridgeville, Del

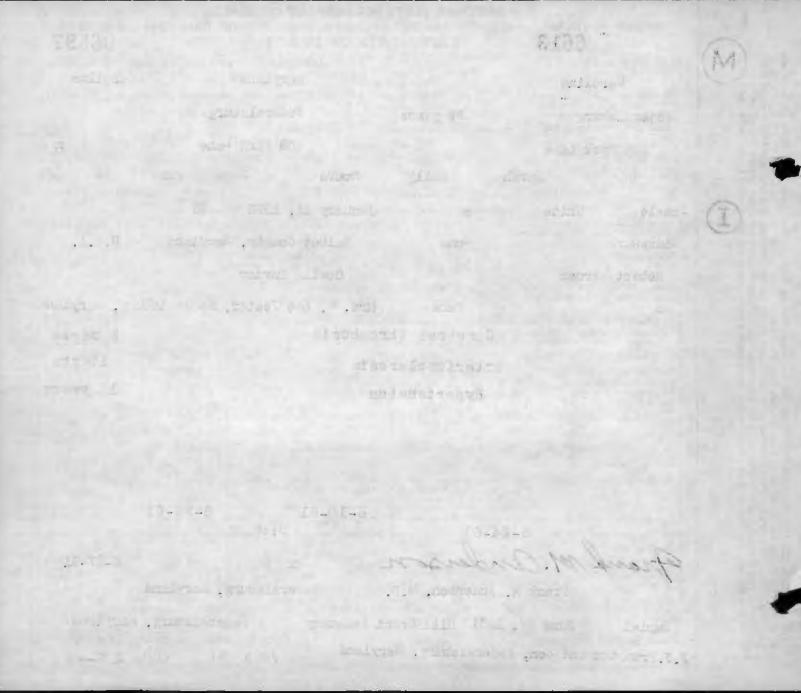
in the second se MALIEUS A Bollings / Smilings Tel indicate 7.62 P.S. Named of the I . White the section of of its whitemake the lander experience that and the second do not introduce to all with the water that with a feet on white 100 (0.4) Toward W traped 10.00 46 4 Date above to all statement LEWIS TO THE THE STATE OF THE S 77-118 Super W. VICENS 3

15M 9/60

#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 6613 CERTIFICATE OF DEATH 06597

1. PLACE OF DEAT	H			47177		ceasad lived, If i	Th	sidence before admission	
Ca	roline		MARYLAND	a. STATE Mary	yland	B. COUN	Caro	oline	
b. CITY OR TOWN	(if outside corporete limi d give neerest town)	its,	e. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corpo	orete limits, write	RURAL and	give neerest town)	
Federals			23 years	Fede	eralsbur	g			
		if not in hos	pitel, give street eddress)	d. STREET ADDRES	S			e. IS RESIDENCE	
208 P	ark Lane			208	Park La	ne		YES K NO	
3. NAME OF	First		Middle	Last	4. DATE	Month	-	Dey Yeer	
(Typa or print)	Sar	ah	Emily	Moore	OF DEATH	June	e \$	24 1961	
5. SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED 18	. DATE OF BIRTH	9.	AGE (In years		Commence of the State of the St	
Female	White	WIDOWE		anuary 11.	1875	86 yrs.	Months Da	ys Hours Min.	
100. USUAL OCCUPAT	TION (Give kind of work	10ь. К	IND OF BUSINESS OR INDUSTR	Y   11. BIRTHPLACE (Co	unty & State, or	foreign country)	12. CITIZ	EN OF WHAT COUNTRY	
Housework	orking life, avan if retire	(d)	Home	Talbot Con	unty Ma	ryland	U.	S.A.	
13. FATHER'S NAME				14. MOTHER'S MAIDE			1		
Robert	Warner			Ozella T	urner				
15. WAS DECEASED E	VER IN U.S. ARMED FOR		SOCIAL SECURITY NO. 17.			Address			
No No	If yas give were rdetes of s	ervice)	None M	rs. W. Lee	Jester.	Federal	sburg.	Maryland	
The same of the sa	DEATH [Enter only one	ceuse per l			,		-,	INTERVAL BETWEEN	
PART I. DEA	TH WAS CAUSED BY:	Ce	rebral thro	mbosis			2	WOOKS AND DEATH	
332>									
Conditions, if eny, which by Arteriosclerosis								10 yrs	
geve rise to immed	dieta ceuse						-	0	
(a), steting the couse lest.	3	I	Hypertension				7	U years	
	R SIGNIFICANT CONDI	TIONS CON	TRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERM	MINAL DISEASE	CONDITION GIV	EN IN PART 1	(a) 19. WAS AUTOPSY	
								PERFORMED?	
E 200 ACCIDENT W	AS UNDERLYING	20b DES	CRIBE HOW INJURY OCCURED	. (Enter nature of injury i	in Part I or Part II	of item 18.1		YES NO	
OR CONTRIBUTING	CAUSE OF DEATH	205. 503	THE HOW HOOK! OCCURED	Terres material of milety i		or non-rong			
20c. TIME OF INJ	URY Month, Day, Ye	ar 20d. While		CE OF INJURY (Home, te tory, street, office bldg., e		or town)	(Count	y) (Stete)	
	19	et wor	k et work						
21. I certify	that (I) (this hospi	tal) atten	ded the deceased from.	6-10-61	, 19 to.	6-24-6	19	, that (I) (we) las	
saw the decea	sed alive on6	-24-	<b>6.1</b> 19 and that	death occured a.	:45MPMom	the causes	and on the	e date stated above	
22a SIGNATURE	11	7	1				- W- 14	22b. DATE SIGNED	
Homen	* M.C.	ino	Kerson "	.D. PHYS.	MED. DIRECTOR	STAFF PHYS.	6-	-27-61	
224 PHYSICIAN'S				22d. ADDRESS	2.1	16 - 7	. 7		
NAME (Type	Frank	M. An	derson, M.D.	Feder	alsburg,	Maryla	nd		
REMOVAL (Specify	June 27		23c. NAME OF CEMETERY  1 Hill Crest			ATION (City, loveral sburg			
24 FUNERAL DIRECTO		. 130	ADDRESS			TRAR 25b. REG			
T T Example	om and Son	Feder	ralsburg, Mary	land					
1.0 . Lrombo	Cert Cream One's			DATE	aur 3 0		rihus d.	Thank	
J.J.Frampt	om and Son,	Fede	raisourg, mary.	DATE	JUL 3 '6	11 a	ritur S.	Krana	



#### ARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS. W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT 1. PLACE OF DEATH tuneral director. Page tuneral director. Page for your files. 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) e. COUNTY Caroline Maryland MARYLAND b. CITY OR TOWN (if outs, de corporate , imits, c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outs de corporete limits, write RURAL end give neerest town) Federalsburg - Rural Instant Rhodesdale - Rural d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS Houston Branch Road he State B Brookview 3. NAME OF 4. DATE Middle DECEASED Fhe (Type or print) Payne Jr. DEATH Gilbert w.th 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED B. DATE OF BIRTH November 3, 1920 Male White WIDOWED [ DIVORCED [ 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Stere or foreign country) done during most of working life, even if retired) Button Cutter Excelsior Pearl Works Dorchester Co... pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Gilbert Payne, Sr. | Min 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Minnie Brinsfield (Yes, no, or unkown) ((Ifyesgivewerordetesofservice) 218-12-1217 Mrs. Gilbert Payne, Jr., Rhodesdale, Md., RFD 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c),] -transit Trackwell Chull PART I, DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Office **DUE TO** (b) geve rise to immediate cause 10 DUE TO (e), steting the underlying Examiner' cause lest. cremation, CERTIFICATION ate, writing the word " the Chief Medical Ex RE: Page 3 should be trion to burtal, crematic 200. EXTERNAL CAUSE WAS PRIMARY [] or CONTRIBUTING [] CAUSE OF DEATH. Car off the roadway 20c. TIME OF INJURY Month, Day, Year fectory, street, office bldg., etc. While Not While et work | should be forwarded to the PUNERAL DIRECTOR: 21. I certify that I took charge of the remains described above, held en Autopsy/ Accident V death resulted from: Natural causes Suicide Homicide designated ACTUAL. SIGNATURE. EXAMINER'S Dawson O. George, M.D. NAME (Type) 220. BURIAL, CREMATION, J 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY DE REMOVAL (Specify) Hill Crest Cemetery June 28,1961 OH 40 百 Rurial

ONSET AND DEATH PART II. OTHER S ON FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1'(8) 19. WAS AUTOPSY PERFORMED? 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Pert II of Jem 18.) 20d. INJURY OCCURRED , 20e. PLACE OF INJURY (Home, farm, ' 20f. (City or town) (County) (Stete) Inspection . Inquiry 7 and in my opinion Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DATE SIGNED DEPUTY MEDICAL EXAMINER TO Address (Street, city, fown, or county) 22d. LOCATION (City, lown, or country) Federalsburg. aryland 23. FUNERAL DIRECTOR ADDRESS 24a. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE J.J. Framptom and Son, Federalsburg, Circles & France

b. COUNT Dorchester

24

Days

9. AGE ( n yeers | IF UNDER 1 YEAR , F UNDER 24 HRS.

Months

Month

June

40 ves

e. IS RESIDENCE ON A FARM?

YES NO X

10

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN

61

VS. AISME 5M 7/59



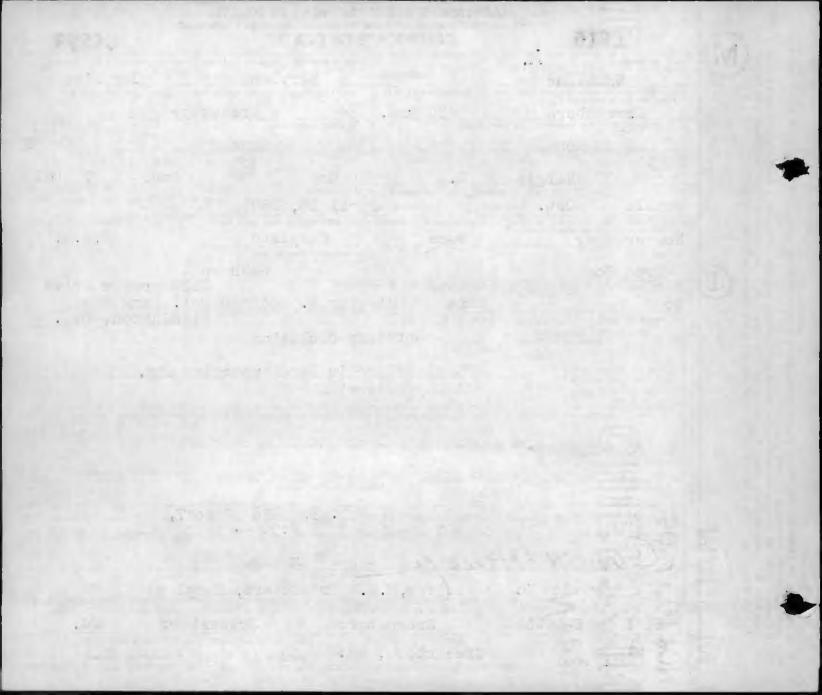
VR A1S (4) 1SM 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

6615

06599

1.	PLACE OF DEATH o. COUNTY			2. USUAL RESIDEN	CE (Where decease		on: Residence	before adm	ission)
		oline	MARYLAND	Ma:	ryland	b. COUNTY	Car	oline	3
Г	b. CITY OR TOWN (If ou RURAL and give neore	tside carporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOW	VN (If outside corpo	orate limits, write R	URAL and giv	ve nearest to	wn)
L	Green		50 yrs.	X	Gre	ensboro		1	
	d. NAME OF HOSPITAL	(If not in hospital, give street	address)	d. STREET ADDI	RESS			e. IS RI	ESIDENCE A FARM?
		None			None				NO NO
3.	NAME OF DECEASED	First	Middle	Last	4. DATE OF	Mar	ith	Doy	Yeor
	(Type or print)	Virgie	C	Roe	DEATH	Ju	ne	7	1961
S.	1		RIED NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years lost hirthday)	Months D		
	Female	Cau. widowi	ED DIVORCED	April 15	, 1893	68 yrs.	Monins	loys Hours	s Min.
10	a. USUAL OCCUPATION during most of working	(Give kind of work done 10b.	KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE	(State or foreign o	country)	12. CITIZE	N OF WHAT	COUNTRY?
	Housekeep		None	Mar	yland			U.S.A	4.
13	. FATHER'S NAME			14. MOTHER'S MA	IDEN NAME				
	Fred Ro	е			Unkn	own			
15		U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT		2124	Armou	r Dri	ve
3,	No	n, give with its duling of service)	None Do	rothy M.	Zechma	n Del.	Park	Manor	r
	18. CAUSE OF DEATH	[Enter only one couse per li	ne for (o), (b), and (c).}			Wilhi	ngton	INTED B.	RETWEEN
1		WAS CAUSED BY:	Coro	nary Occl	usion			ONSET AN	ID DEATH
	420.1	DUE TO			0,000				-
	Conditions, if any,	which ) (b)	Arterioscle	erotic Ca	rdioves	oulan D	i a		
	gove rise to imm	ediale Cur TO	with hyper		The state of the s	- Linda Stark	la del de la constante de la c		
	lying cause last.	under-	at our my ber	PETIPIOII					
Z	PART II. OTHER	SIGNIFICANT CONDITIONS	ONTRIBUTING TO DEATH BU	T NOT RELATED TO TH	ETERMINAL DISEAS	E CONDITION GI	VEN IN PART	1(a) 19. WA	S AUTOPSY
NOITE									FORMED?
		INDERLYING   206. DES	CRIBE HOW INJURY OCCUR	RED. (Enter nature of in	jury in Part I or Po	rt II of item 18.)			
CEPTIFI	(IF EITHER, NOTIFY ME	DICAL EXAMINER)							
20	20c. TIME OF INJURY	Month, Day, Year 20d. I		LACE OF INJURY (Ham		y or town)	(Co	ounty)	(State
MEDICAL	Hour o.m.	19 While	k Ot while	octory, street, office blo	dg., etc.)				
-				Feb. 3,	1958, to	June 7,	106	1 Abot (8)	Acces Land
		l) (this haspital) oftend olive an June (	$5_{}$ 19 $61$ , and that					, that (i)	
	22a. SIONA URE	offive an o outport	Z I ZZ A ONG THAT	death occurred a	ITE Z.W., ITOM	the causes of	id on the		22b. DATE
	c ( lin	18 W 1.	Dec. de	M.D. PHYS.	MED.	STAFF PHYS.			SIGNED
	22c. PHYSICIAN'S	11 010	acouper.	22d. ADDRESS	EN DIRECTOR L	Luis, F			
	NAME (Type)	narles H. St	tone liter, M.	D. Green	nsboro,	Marylar	nd		
2	Bo. BURIAL, CREMATION,	23b. DATE THEREOF	23c. NAME OF CEMETERY			TION (City, town,		151	tote)
E	REMOVAL (Specify)	6-10-61	Greens			ensboro		Md.	ioiaì
2	MFUNERAL DIRECTOR'S S		ADDRESS		o. REC'D BY REGIS		STRAR'S SIGN		
	En	7	Greensboro	0.00	ATEJUN 1 2 '6		Elma S. A		
	3-11-1100	(AOA)		J DA	AIEDON . E.		may 10, 1	A Parades	



VR A1S (4) 15M 9/59

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

6616

06600

1.	PLACE OF DEATH					2. USUAL RESI	DENCE (Wh	ere decease	d lived. If instituti		ice befor	re admiss	ian)
	a. COUNTY	AND	Maryland b. COUNTY Caroline										
	RURAL and give n		is, write	c. LENGTH OF STAY IN	116	1			orate limits, write R	URAL ond	give nec	rest town	)
-	d. NAME OF HOSPI	TAL (If not in hospital, g	ive street a	55 Yrs	•	d. STREET A	nsbo	ro		_		e. IS RES	IDENCE
	OR INSTITUTION	No				1			None			ON A	FARM?
3.	NAME OF	Fir	s)	Middle		Las	1	4. DATE	Mor	ıth	Do		Yeor
L	(Type or print)	Willia		Henry		yatt		OF DEATH	6		29		19 61
S.	SEX	6. COLOR OR RACE	140-1416	NEVER MARRIED		DATE OF BIRT	Н		<ol><li>AGE (In years lost birthday)</li></ol>	Months	1 YEAR	Haurs	R 24 HRS. Min.
	Male	White	WIDOWE		_	4-1-18			75 yrs.				
100	Maintan	ON (Give kind of work	lk C	KIND OF BUSINESS OR	INDUST		ACE (Stote		ountrý)		S.		OUNTRY?
13.	FATHER'S NAME					14. MOTHER'S	MAIDEN N	IAME					
		Henry	Www	++		Fmm	a Sc	A++					
		ER IN U. S. ARMED FOR	CES7 16.	SOCIAL SECURITY NO.	17, INF	ORMANT	18 30	<u> </u>	Add	ress			
(TO	No. or unknown)	(If yes, give wor or dotes of s	D7	3_22_8625	An	na_Wya	++ C	maana	sboro.	Marv	7 0 20	a	
		ATH [Enter anly one co	use per lin	e far (a), (b), and (c).]	47.4	HG-!! / G	W V		50010			ERVAL 8E	TWEEN
		ATH WAS CAUSED BY:			ron	ary Oc	clusi	ion			ONS	ET AND	DEATH
	420.	DUE TO											
1	Conditions, if	ony, which ) (b	,	Ar	ter:	ioscle	rotio	c Car	diovasc	nlar			
	gave rise to i	immediate (								C. 14. C. C. S.			
	lying couse lost.	the under-		Di	S. 1	with h	yperi	tensi	on				
Z	PARE II. OT	-		ONTRIBUTING TO DEAT	H SUT N	OT RELATED TO	THE TERMI	NAL DISEAS	E CONDITION GIV	EN IN PAR	T 1(a) 1	9. WAS	AUTOPSY
I Š													RMED?
CERTIFICATION	20g. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OCC	URRED.	(Enter nature a	finjory in J	Part I ar Par	t II of item 18.)				
	20c. TIME OF INJUI	RY Manth, Day, Yes	or 20d. IN	JURY OCCURRED 20	Oe. PLAC	E OF INJURY (	Hame, farm	, 20f. (City	or tawn)	{(	County)		(Stote)
MEDICAL	Haur o. m. p. m.	19	While of work	Nat while	facto	ary, street, office	bldg., etc.	1		Ì	,,		,
	21, 1 certify the	at (I) (this haspital	) attend	ed the deceased fr	am	June 2	0 -12	61.ta_	June 2	9, 195	1. th	at (I) (	we) last
		sed alive an Ju	ne 2	8_19_61 and the	hat de	ath occurred	d di	M, from	the causes ar	d an the	e date	stated	abave.
	220. SIGNATURE	1 21/1	01						STAFF	-		221	SIGNED
	Colle	leiles H	DYC	neenfer	- M	D. ATTENDING	-	RECTOR [	PHYS.		7/1	/61	
	22c. PHYSICIAN'S NAME (Type)	ers =		. (1		22d. ADDRI	-00	. 7	3.50				
		Charles	H.St	onesifer, I	I.D	G.	reens	boro	, Md.	-			
234	REMOVAL (Specify	ON, 236. DATE THEREC	F	23c. NAME OF CEMET	ERY OR	CREMATORY		23d. LOCA	TION (City, tawn,	ar caunty)		(Stat	e)
	Burial	7-2-6	1	Greensb	oro			Grad	enshoro	Mo	nul.	and	
24	FUNERAL DIRECTOR	S SIGNATURE	0	ADDRESS		,	250. REC'	D BY PECIST	RAR 25b. REGI	STRAK'S ST	GNATO	RE	
X	6.120cm	lais IL	rees	usboro.	M	el-	DATE	5 '6	المنده	Churt A.	/ Unit	A.A.	

medical and the . . . . The second secon